

Entered - 07/27/01 - sb  
CL01L0483 - DIANNE C. MITCHELL

01- *R* -1241

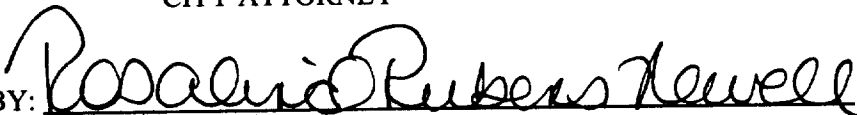
CLAIM OF: **JAMES C. KEEL**  
2605 Ben Hill Road  
East Point, Georgia 30344

For damages alleged to have been sustained as a result of a vehicular accident on July 17, 2001 at 2975 Headland Drive, SW.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **JAMES C. KEEL** the sum of **\$1,723.45** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 17, 2001 at 2975 Headland Drive, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
**ROSALIND RUBENS NEWELL**  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0483

Date: July 31, 2001

Claimant /Victim JAMES C. KEEL

BY: (Atty)(Ins. Co.) \_\_\_\_\_

Address: 2605 Ben Hill Road, East Point, Georgia 30344

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,723.45 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 07/26/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/17/01 Place: 2975 Headland Drive, SW

Department Public Works Division: Technical Services

Employee involved Edrich L. Sailor Disciplinary Action: Defensive Driving School

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's vehicle as he was backing out of a parking space causing damages in the above amount.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

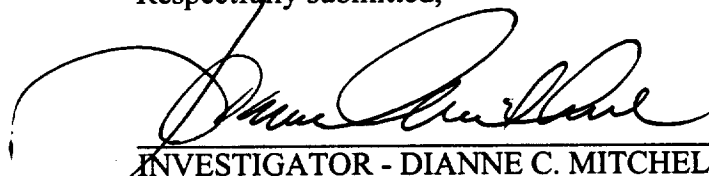
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ 1,723.45 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 08-02-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Tnnity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/26/01

Mitchell  
07/26/01

Dear Municipal Clerk:

ENTERED - 7-27-01 - SB

01L0483 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1385.91 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 7/17/01 (month/day/year)
2. Time of Incident: 1525
3. Police called: ☒ Yes ☐ No  
(K-Mart parking Lot)
4. Location of incident (including street address): 2975 Headland Dr. S.W. Atl. Ga.
5. Name of your insurance company: Cotton States Policy No. GPA1587565
6. State what and how incident occurred: I had backed the truck out to leave the parking lot. I had just put it into 1st gear when Mr. Sailor backed out from the adjacent parking row and struck the driver's side door of my truck with the rear of his car
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: Mazda Pickup 1977 999GLA Deborah Keel  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: Ford Taurus Edrich Sailor Technical Services Division  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

James C. Keel  
Signature of Claimant

James C. Keel  
(Print Claimant's Name)

2605 Ben Hill Rd.  
(Address)

East Point, Ga. 30344  
(City, State and Zip Code)

(404) 761-8861 (404) 669-4005  
(Work Number) (Home Number)